

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 4 0

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) -

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 5823.61

b. FFY 2001 \$ 23539.22

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 5, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN 00-14) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%) reduction previously made in the reimbursement rates for certain specified CPT codes for surgery, medicine, evaluation and management, radiology, and pathology and lab services. This amendment also provides for an increase of \$9.13 for each of the six most frequently billed procedure codes for Evaluation and Management and Follow-up Prenatal Visits. Additional funding for this purpose was allocated during the 2000 2nd Extraordinary Session of the legislature.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana

Department of Health and Hospitals

1201 Capitol Access Road

P.O. Box 91030

Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

07-29-00

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

RECEIVED

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 5, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	
42 CFR	Care and Services	
447.201	Item 5 (cont'd)	Reimbursement for certain bilateral procedures listed in the Professional Services Provider Manual shall be at 150% of the fee on the Physician's Formulary File when performed bilaterally.

Current Procedural Terminology (CPT) codes for neonatal care (99295, 99298) will be reimbursed at eighty-four percent (84%) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Current Procedural Terminology (CPT) codes for tonsillectomy and adenoidectomy services (42820, 42821, 42825, 42826, 42830, 42831) will be reimbursed at seventy-five percent (75%) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Based on additional funding approved by the 2000 2nd Extraordinary Session of the Legislature an increase of \$9.13 is applied to the reimbursement rates for the six most frequently billed procedure codes for Evaluation and Management, and Follow-Up Prenatal Visits as identified in the utilization report for the time period June through December 1999.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>09-29-2000</u>	
DATE APP'VD	<u>06-06-2001</u>	
DATE EFF	<u>07-01-2000</u>	
HCFA 179	<u>LA-00-40</u>	

- (b) Providers are advised to bill usual and customary charges in order for the Medicaid Program to continue to use these charges to establish prevailing fees in Louisiana.

TN# 00-40 Approval Date 06-06-01 Effective Date 07-01-00
Supersedes
TN# 00-14